

**APPLICATION
FOR
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FOR

ASSAYS AND THERAPIES FOR LATENT VIRAL INFECTION

5 **ASSAYS AND THERAPIES FOR LATENT VIRAL INFECTION**

Background of the Invention

 This is in the area of the prevention, diagnosis, and treatment of latent viral infections, such as infections with DNA viruses like Epstein-Barr virus.

10 This application claims priority to U.S.S.N. 60/167,212 filed November 24, 1999, by John B. Harley, Judith Ann James, and Kenneth M. Kaufman.

 Epstein-Barr virus has been known for more than three decades. Epstein-Barr has been associated with cancer and several autoimmune diseases. Since there is evidence implicating Epstein-Barr virus in infectious
15 mononucleosis, B cell lymphoma (in immunocompromised hosts), Burkitt's lymphoma, nasopharyngeal carcinoma, and some cases of Hodgkin's lymphoma, there have been efforts to provide a vaccine against Epstein-Barr virus (Morgan, A.J., et al. J. Med. Virol. 29:74-78 (1989); Morgan, A.J. Vaccine 10:563-571 (1992); Morgan, A.J. Development of Epstein-Barr Virus Vaccines (R.G. Landes Company, Austin, Texas (1995 by Springer-Verlag, Heidelberg, Germany)); Krause, P.R. & Strauss, S.E. Infect. Dis. Clin. N.A. 13:61-81 (1999)). Recombinant vectors expressing gp340/220 in a bovine papillomavirus vector or in an adenovirus vector protected five of six cottontop tamarins from lymphomas that otherwise occur after infection with Epstein-Barr virus (Finerty,
20 S., et al. J. Gen. Virol. 73:449-453 (1992)). A subunit of the gp340/200 in alum only protected three of five cotton top tamarins from lymphomas (Finerty, S., et al. Vaccine 12:1180-1184 (1994)), suggesting that this strategy might not be especially effective. A trial of an Epstein-Barr virus vaccine of gp340/220 in a Vaccinia virus vector has been reported from China and failed to protect a third
25 of those immunized from infection (Gu, S. et al. Dev. Biol. Stand. 84:171-177 (1995)), consistent with the primate data. Khanna, et al., J. Immunol. 162:3063-3069 (1999) reports on the potential use of gp350/gp85 CTL epitopes in vaccine design to protect against EBV. However, as they note, evidence of neutralizing antibodies does not always correlate with protection against infection. Their
30 research is focused on structural antigens, gp350 and gp85, from which they
35

5 synthesized specific peptides to use as vaccines. They observed higher CTL
reactivity to lytic antigens as compared to a latent antigen, LMP-1. Jackman, et
al., Vaccine 17:660-668 (1999) also reported on studies using gp350. Gu, et al.,
Dev. Biol. Stand. 84:171-177 (1995) reports on a clinical trial based on live
10 recombinant vaccinia virus expression gp350 as an immunogen, but there were
safety concerns.

Another method of vaccine development has been considered. Cytotoxic
T cell epitopes have been mapped for several different EBV antigens in persons
of specific HLA haplotypes. For example, trials are underway to evaluate the
usefulness of immunization with an EBNA-3 peptide which is a dominant CTL
15 epitope in HLA-B8 restricted persons (Schmidt, et al. Proc. Natl. Acad. Sci.
USA 88:9478-82 (1991)). Efficacy of these vaccines is currently unknown.

A variety of additional therapies against Epstein-Barr virus have been
attempted. These include inducing the lytic cycle in cells latently infected by
virus (Gutierrez, M.I., et al. Cancer Res. 56:969-972 (1996)). Patients with the
20 Epstein-Barr virus related lymphomatoid granulomatosis have been treated with
interferon-alpha 2b (Wilson, W.H., et al. Blood 87:4531-4537 (1996)).
Cycloheximide and acycloguanosine have been demonstrated to be useful *in*
vitro (Ishii, H.H., et al. Immunol. Cell Biol. 73:463-468 (1995)); however, only
limited further evaluation of this therapy has proceeded due to the limited
25 clinical benefit of acycloguanosine in primary EBV infection.

Therapy with a T cell line has been attempted (Kimura, H. et al. Clin.
Exp. Immunol. 103:192-298 (1996)), as has adoptive transfer of gene-modified
virus-specific T lymphocytes (Heslop, H.E. et al. Nature Med. 2:551-555
(1996)). Data available do not appear to particularly support the use of
30 acyclovir for Epstein-Barr virus infections (Wagstaff, A.J., et al. Drugs 47:153-
205 (1994)), though FK506 (a relative of cyclosporine) may have some benefit
(Singh, N., et al. Digestive Dis. Sci. 39:15-18 (1994)). Monoclonal antibodies
have been used to treat the virus-induced lymphoproliferative syndrome
(Lazarovots, A.I., et al. Clin. Invest. Med. 17:621-625 (1994)) with modest early
35 success.

5 Therapeutic strategies directed against the latent phase of the viral
infection have been considered. Among these is the consideration of the use of
T cell epitopes of particular HLA-restricted cytotoxic T cells (e.g. see Morgan,
A.J. Development of Epstein-Barr Virus Vaccines (R.G. Landes Company,
Austin, Texas (1995 by Springer-Verlag, Heidelberg, Germany), pp109-115; or
10 Barnes J. Pharma Weekly 1:11 (1995)). The latent membrane proteins have not
been shown to be accessible on the outside of the cell.

Epstein-Barr virus is most similar to the other members of the
Herpesviridae family. Although only gamma herpesvirus which infects humans,
all human herpesviruses have linear double-stranded DNA, an icosadeltahedral
15 capsid, a tegument which surrounds the capsid and an envelope containing viral
glycoprotein spikes on its surface. All human herpesviruses remain with and
survive in the host after primary infection.

Cytomegalovirus, in a manner similar to Epstein-Barr virus, is able to
establish latency in peripheral immune cells; however, the exact cellular location
20 is still in dispute (Mocarski, E.S. "Cytomegaloviruses and their replication"
Fields Virology, third edition (eds. B.N. Fields, et al., Lippincott-Raven (1996)),
2447-2480). Human CMV has been treated with a host of antiviral agents,
including leukocyte interferon, interferon stimulators, transfer factor, acyclovir
and nucleoside inhibitors, as well as combination therapy with interferon and
25 ara-A (reviewed by Alford, C.A. Antiviral agents and viral diseases of man 2nd
ed. New York: Raven Press; 433-86 (1984); Ho, M. Cytomegalovirus, biology
and infection: current topics in infectious disease New York: Plenum Press; 105-
18 (1982)). Very little to no clinical benefit has been demonstrated with these
therapies and overwhelming toxicities are present (Alford, C.A. Antiviral agents
30 and viral diseases of man 2nd ed. New York: Raven Press; 433-86 (1984)).

Gancyclovir (through its nucleic acid chain-terminating activity) and
foscarnet (through inhibition of viral DNA polymerase directly) have both been
used with success (Snoeck, R., Neyts, J., De Clerq, E. Multidisciplinary
approach to understanding cytomegalovirus disease Amsterdam: Excerpta
35 Medica: 1993, 269-78). Both of these drugs have been used with some success

5 in the prophylaxis of invasive CMV in the post-transplant setting. However,
drug toxicity and no evident decrease in overall mortality limits their standard
use for all patients (Goodrich, J.M, et al. Ann. Intern. Med. 118:173-8 (1993);
Reusser P, et al. J. Infect. Dis. 166:473-79 (1992)).

Passive immunoprophylaxis remains very controversial. Newer drugs
10 targeting the CMV protease and DNA processivity activity are under
development (Digard, P., Chow, C.S., Pirrit, L., Coen, D.M. J. Virol. 67:1159-
68 (1993); Ertl, P.F., Powell, K.L. J. Virol. 66:4126-33 (1992)).

Vaccine development for CMV has met with only limited success. Initial
studies were performed using an attenuated laboratory strain of CMV (Elek,
15 S.D., Stern, H. Lancet 1:1-5 (1974); Plotkin, S.A., et al. Infect. Immun. 12:521-
27 (1975)). These British studies showed limited immunity which decreased
with time (Plotkin, S.A. , et al. J. Infect. Dis. 159:860-65 (1989)). Safety issues
concerning immunization of slightly immunocompromized subjects and women
of childbearing age have also limited excitement over these studies. Subunit
20 vaccines for CMV prevention are also under consideration. Early studies with
the major envelope glycoprotein, gB, are under way (Plotkin, S.A., et al. Rev.
Infect. Dis. 12:827-38 (1990); Spaete, R.R., Transplant Proc. 23:90-96 (1991))
and show some early promise.

Human alphaherpesviruses, including herpes simplex-1, herpes simplex-
25 2, varicella-zoster and human herpesvirus 8, primarily establish latency in the
sensory ganglia. Substantial evidence is present for the chemotherapy of the
herpes-simplex viruses with specific anti-viral therapy, such as acyclovir,
gancyclovir and foscarnet (reviewed Rickinson, A.B., Kieff E., "Epstein-Barr
virus", Fields Virology 2397-2446 (1996)). Numerous vaccines for HSV-1 and
30 HSV-2 have been developed with poor success (reviewed by Whitley, R.J.
"Herpes Simplex viruses", Field's Virology 2297-2330 (1996)). Two new
approaches are of interest. One is based upon the production of adequate
amounts of recombinant HSV-2 glycoproteins B or D to be used either
separately or together as a subunit vaccine (Ashley, R., Mertz, G.J., Corey, L. J.
35 Virol. 61:253-8 (1987); Zarling, J.M., et al. J. Virol. 62:4481-85 (1988)).

5 Concerns with these studies include the use of Freund's adjuvant or a lipophilic
muramyl tripeptide, neither of which is acceptable human adjuvants. The second
method is to genetically engineer a live, attenuated recombinant HSV that
combines type 1 and type 2 genomes without the putative neurovirulence
sequences (Meignier, B., Longnecker, R., Roizman, B. J. Infect. Dis. 162:313-
10 21 (1990)).

Varicella zoster also establishes latency in sensory neurons. This virus in
its typical primary infection of the juvenile host is only treated with supportive
measures with full recovery usually within one week. However, life-threatening
primary and recurrent infections are encountered in immunocompromized hosts.
15 These overwhelming infections are usually treated with acyclovir. Gancyclovir
and famcyclovir are used for treatment of resistant strains. A live, attenuated
varicella vaccine is in common use; however, long-term efficacy studies for this
vaccine are still pending.

The human herpesvirus-8 is the other alpha herpesvirus. Only recently
20 identified and characterized, neither therapy trials nor vaccine development has
yet begun.

The problem within latent viral infections is the ability to identify, target,
and treat cells harboring latent virus. For example, the Epstein-Barr virus
produces certain proteins during the latent stage of its life cycle. These proteins
25 have not been shown to be antigenic in an expression system that would enable
immune system recognition. One of these proteins is LMP-2A. Antibodies
have been raised against LPM-2A and immunofluoresence used to show that
LMP-2A is located in or near the membrane (Longnecker, R. and Kieff, E., J.
Viro. 64:3219-2326 (1990)). These workers established that their antiserum
30 bound to LMP-2A isolated from the cell, but it was not established that the
extracellular part of LMP-2A was antigenic, i.e., could elicit antibody
production or was accessible to be bound by antibody (or any other external
ligand). In fact, these workers concluded that their antibodies recognized the
intracellular portion of LMP-2A because the antibodies were LMP-2A specific
35 and it is the LMP-2A intracellular region which differentiates LMP-2A from

5 LMP-2B. (Actually, these two Epstein-Barr virus proteins are in large part identical and appear to vary because splice junction variation gives LMP-2A a longer amino terminal cytoplasmic tail than is found in LMP-2B.)

It is therefore an object of the present invention to provide methods to target cells that are infected with a virus, such as a DNA virus like a herpes
10 virus, in the latent stage of its life cycle.

It is a further object of the present invention to provide strategies to target cells containing Epstein-Barr virus in a latent state.

It is another object of the present invention to provide strategies to treat or prevent diseases linked to these latent viruses.

15 It is another object of the present invention to provide vaccines based upon the structure of proteins expressed during the latent life cycle of a virus, such as Epstein-Barr virus.

It is a further object of the present invention to provide methods for the development of therapeutics to treat diseases linked to Epstein-Barr virus by
20 targeting cells latently infected with Epstein-Barr virus.

It is a further object of this invention to provide diagnostics which will identify people with latent viral infections, such as infections with Epstein-Barr virus.

It is a further object of this invention to provide diagnostic tests which
25 will help distinguish those with a disease from those without a disease by differences in the immune responses to a DNA virus, such as Epstein-Barr virus.

Summary of the Invention

Compositions that bind viral proteins that are specifically expressed
30 during the latent stage of the viral life cycle are disclosed. These compositions bind the latent viral proteins while the viral proteins are expressed in their cellular host, and provide a means for targeting cells that harbor latent virus. In a preferred embodiment the compositions are antibodies which bind the extracellular region of the latent viral protein, most preferably LMP-2A, an EBV
35 latent protein, which are conjugated to a diagnostic or cytotoxic agent or

5 immobilized to a solid support for removal of the infected cells. These antibodies are capable of distinguishing cells expressing EBV DNA from cells which are not expressing EBV DNA. Compositions that can be used to elicit production of these antibodies, or as a vaccine, are also disclosed.

Methods for generating diagnostic or cytotoxic reagents and vaccines
10 based on the viral epitopes that identify cells harboring latent virus are also disclosed.

The antibody conjugates can be used in diagnostic assays to identify cells expressing latent viral protein and people who are harboring latent viral particles. The antibody conjugates can also be used to remove the infected cells
15 or to kill the infected the cells. Alternatively, or in addition, the viral proteins or portions thereof can be used as a vaccine to induce an immune reaction by the host to kill the infected cells. These methods can be used to detect or treat patients harboring latent viruses like EBV and who are at risk of developing a disease such as an autoimmune disease like systemic lupus erythematosus (SLE)
20 and rheumatoid arthritis (RA).

Detailed Description of the Invention

Definitions

As used herein, autoimmune diseases are diseases that are primarily autoimmune, as well as diseases which do not appear to be primarily
25 autoimmune but have immune manifestations involving immunoglobulins, antigen specific B cell surface receptors (surface immunoglobulin), or antigen-specific T cell receptors. Examples of diseases which fall into these categories are systemic lupus erythematosus, Sjogren's syndrome, rheumatoid arthritis, juvenile onset diabetes mellitus, Wegener's granulomatosis, inflammatory bowel
30 disease, polymyositis, dermatomyositis, multiple endocrine failure, Schmidt's syndrome, autoimmune uveitis, Addison's disease, adrenalitis, primary biliary cirrhosis, Graves' disease, thyroiditis, Hashimoto's thyroiditis, autoimmune thyroid disease, pernicious anemia, gastric atrophy, chronic hepatitis, lupoid hepatitis, atherosclerosis, presenile dementia, demyelating diseases, multiple
35 sclerosis, subacute cutaneous lupus erythematosus, hypoparathyroidism,

5 Dressler's syndrome, myasthenia gravis, autoimmune thrombocytopenia,
 idiopathic thrombocytopenic purpura, hemolytic anemia, autoimmune hemolytic
 anemia, pemphigus vulgaris, pemphigus, bullous pemphigoid, dermatitis
 herpetiformis, alopecia areata, autoimmune cystitis, pemphigoid, scleroderma,
 progressive systemic sclerosis, CREST syndrome (calcinosis, Raynaud's
 10 esophageal dysmotility, sclerodactyly, and telangiectasia), adult onset diabetes
 mellitus (Type II diabetes), male or female autoimmune infertility, ankylosing
 spondylitis, ulcerative colitis, Crohn's disease, mixed connective tissue disease,
 polyarteritis nodosa, systemic necrotizing vasculitis, juvenile onset rheumatoid
 arthritis, glomerulonephritis, atopic dermatitis, atopic rhinitis, Goodpasture's
 15 syndrome, Chagas' disease, sarcoidosis, rheumatic fever, asthma, recurrent
 abortion, anti-phospholipid syndrome, farmer's lung, erythema multiforme,
 postcardotomy syndrome, Cushing's syndrome, autoimmune chronic active
 hepatitis, bird-fancier's lung, asthma, allergic disease, allergic
 encephalomyelitis, toxic necrodermal lysis, alopecia, Alport's syndrome,
 20 alveolitis, allergic alveolitis, fibrosing alveolitis, interstitial lung disease,
 erythema nodosum, pyoderma gangrenosum, transfusion reaction, leprosy,
 malaria, leishmaniasis, trypanosomiasis, chronic fatigue syndrome,
 fibromyalgia, Takayasu's arteritis, Kawasaki's disease, polymyalgia rheumatica,
 temporal arteritis, schistosomiasis, giant cell arteritis, ascariasis, aspergillosis,
 25 Sampter's syndrome (triaditis also called, nasal polyps, eosinophilia, and
 asthma), Behcet's disease, Caplan's syndrome, dengue, encephalomyositis,
 endocarditis, myocarditis, endomyocardial fibrosis, endophthalmitis, erythema
 elevatum et diutinum, psoriasis, erythroblastosis fetalis, fascitis with
 eosinophilia, Shulman's syndrome, Felty's syndrome, filariasis, cyclitis, chronic
 30 cyclitis, heterochromic cyclitis, Fuch's cyclitis, IgA nephropathy, Henoch-
 Schonlein purpura, glomerulonephritis, graft versus host disease, transplantation
 rejection, cardiomyopathy, Alzheimer's disease, parvovirus infection, rubella
 virus infection, post vaccination syndromes, congenital rubella infection,
 Hodgkin's and non-Hodgkin's lymphoma, renal cell carcinoma, multiple
 35 myeloma, Eaton-Lambert syndrome, relapsing polychondritis, malignant

5 melanoma, cryoglobulinemia, hepatitis B virus infection, hepatitis C virus
infection, Waldenstrom's macroglobulinemia, mumps virus infection;
thrombotic thrombocytopenic purpura and any other disorder in which the specific
recognition of the host by immunoglobulin, B cell surface receptor (surface
immunoglobulin), or T cell receptor is suspected or shown to be important in
10 any aspect of the pathogenesis of the clinical illness.

Immunodeficiency is any reduction in humoral and/or cellular immunity
of the normal young adult level which decreases the capacity to protect from
infection or respond to an immunogen. Examples of immunodeficiency include
infections (tuberculosis, human immunodeficiency virus (HIV) infection,
15 malaria, parasitic infections and a host of others), extremes of age (the fetus,
neonates, young children (less than 2 years of age), and old age (over 65 years
of age), trauma, severe anemia, burns, exposure, nutritional deficiencies
(nutritional, vitamin, starvation, etc.), cancers, hereditary, acquired
immunodeficiencies due to medications (i.e. transplantation patients,
20 chemotherapy patients, etc.), immune deficiencies (of immunoglobulin, T cells,
any number of other genetic defects, etc.) and idiopathic diseases with acquired
immune deficiency (sarcoidosis, rheumatoid arthritis, systemic lupus
erythematosus, etc.).

Immunization is any procedure which leads to a cellular or humoral
25 immune response directed against an identifiable and specific antigen, usually
the immunogen. An antigen is a substance that is bound by antibody or leads to
a T cell mediated immune response.

An autoantigen is a constituent of self that binds antibody (making it an
autoantibody) or that induces a cellular response, for example, by a T cell. The
30 cellular response may be assayed by presentation of a peptide from the
autoantigen, proliferation, cell activation, the prevention of cell activation,
secretion of cytokines, activation of apoptosis, or other indication of an effect of
the presence of the autoantigen.

An autoantibody is any immunoglobulin, antigen specific B cell surface
35 receptor (surface immunoglobulin), or antigen specific T cell receptor directed

5 against self-protein, carbohydrate or nucleic acid. Such T cell receptors usually bind peptides which themselves are bound by histocompatibility molecules. The T cell receptor usually binds to both the peptide and the histocompatibility molecule.

Therapy is a treatment by medical or physical means. A "treatment" is the composition used for treating a condition. Antiviral therapy is the use of a treatment in an effort to suppress or eliminate a virus, for example, suppression, elimination or other amelioration of the effect of Epstein-Barr virus.

Peptides are small proteins composed of amino acids, typically at least four to seven amino acids in length, covalently bound to one another by peptide bonds. Peptides may be prepared by an *in vivo* mechanism, as in life, by using the nucleic acid encoding for the sequence of the peptide produced, or *in vitro* using peptide chemistry. A vaccine is a composition including antigen that elicits an immune response effective to prevent or ameliorate a disease.

Seroconversion means that the subject has developed antibodies to an immunogen. Usually, this is the result of immunization (vaccination) or infection. Seropositive means that there are a sufficient quantity of antibodies with sufficient affinity to conclude that seroconversion has occurred. Seronegative means that the quantity and affinity of antibodies are not sufficient to conclude that seroconversion has occurred. In this application, the terms "lupus" and "systemic lupus erythematosus" are used interchangeably.

The term linear epitope as defined by a specific sequence is used herein to include peptides having substitutions yielding a peptide bound in an equivalent manner or extent by an antibody or autoantibody.

I. Compositions for Diagnosis and Treatment of Latent Infections

Compositions have been prepared based on information regarding unique epitopes of molecules specific to latently infected cells. This is exemplified in the attached examples. In general, viral proteins, expressed only on the surface of latently infected cells, are identified and antibodies prepared which are reactive with the extracellular portion of the proteins. These antibodies may be prepared using isolated antigen, followed by screening for reactivity with

5 latently infected cells, or by immunization with an extracellular fragment
(prepared by enzymatic cleavage or recombinant techniques), alone or in
combination with an adjuvant or as a fusion protein. The antibodies can be used
as whole antibodies, antibody fragments, labeled with diagnostic labels, or
bound to a cytotoxic agent to kill infected cells. Alternatively, the antigens can
10 be used to prepare vaccines which are used to immunize an individual who has,
or is at risk of, a latent viral infection.

Viruses

There are a number of different classes of viruses. There are class I and
class II DNA viruses, differentiated by the fact that class I viruses contain
15 nucleic acid in a double-stranded genome and class II viruses contain nucleic
acid in a single-stranded genome. Adenoviruses, Herpesviruses, SV40 viruses,
and Vaccinia viruses are all class I and Parvoviruses are class II viruses. Classes
III (reovirus), IV (poliovirus), V (vesicular stomatitis virus), and VI
(retroviruses) are RNA viruses.

20 Some viruses have two stages: (1) when the virus is infectious, the lytic
stage, and (2) when the virus can persist in the host, the latent stage.

The lytic stage produces new viral particles, which are infectious.
During the lytic stage the viral gene products expressed are sufficient to
commandeer the cellular machinery to make new viral particles. When a virus
25 is in a lytic stage, the amount of viral material ensures that nearly all infected
individuals will develop an immune response to at least some part of the virus.
Consequently, a vigorous immune response against the virus and the virus
producing host cells usually develops when the virus is in the lytic stage.

During the latent stage the virus expresses only a few of its gene
30 products and its genetic material is passed to daughter cells during cell division.
Since only small amounts of very few proteins are expressed from the viral
genome, and since there are specific mechanisms in latency to avoid immune
recognition or to inhibit anti-viral immunity, the immune response to viral
material which is produced during some the latent stages of the life cycle is

5 small or non-existent. Consequently, the virus can survive in the infected host for many years. The host most often remains infected for the duration of its life.

Infrequently, a latent virus can become "activated" and the infections become lytic. New virus is then made and the infection is spread in the host, unless the immune response of the host intervenes to prevent the successful
10 production of new virus. This process typically occurs and reoccurs throughout the life of the host.

Epstein-Barr Virus

Epstein-Barr virus is a herpes virus, Human Herpes Virus 4 (HHV-4). This virus is from the genus *Lymphocryptovirus* and subfamily
15 gammaherpesvirinae. This is the only gamma herpes virus known in man. Like the other herpes viruses, this is a DNA virus and has a strong propensity for latency. Once latent this virus emerges from latency at a low level throughout life.

Epstein-Barr virus infects B cells and induces a large number of different
20 antibodies in the early stage of infection. In most people the B cell proliferation and antibody production is eventually brought under control by virus specific T cells. Thereafter, the virus remains latent, surviving in the host for the remainder of the natural life. The virus continues to "reactivate" at a low level, as evidenced by the shedding of virus in the oral cavity, infection through
25 exchange of oral secretions, the spontaneous *in vitro* outgrowth of transformed B cells, and the spontaneous production of Epstein-Barr virus *in vitro*. The continuous presence of virus presents a significant challenge to the immune system and requires that the immune mechanisms sustain viral suppression over the many decades of remaining life. The immune system recognizes the
30 antigens of the lytic stage (and whole virus) much better than the latent stage. Most of the T cell responses are directed against lytic stage antigens and may tend to concentrate on the antigen known as EBNA-3A (Epstein-Barr nuclear antigen-3A). CD8 T cell responses against the latent stage antigen ENBA-1 are specifically inhibited, even though antibody is frequently made against this

5 antigen. This effect appears to be caused by inhibition in antigen presentation (Levitskaya J., et al. Nature 375:685-88 (1995)).

Three different types of latency have been identified in what are now classic studies: Type 1, Type 2, and Type 3. About eight EBV gene products are known to be expressed in different stages of latency. In Type 1 latency, only
10 EBNA-1 is expressed. In Type 2 latency, LMP-1, LMP-2A and LMP-2B are expressed. These three plus LP, EBNA-1, EBNA-2, EBNA-3A, -3B, and -3C are expressed in Type 3 latency. EBER RNAs may also be expressed in latency. These three forms of latency generally conform to what has been found in Burkitt's lymphoma (*in vivo* and in cell lines), some lymphomas,
15 nasopharyngeal carcinoma, and transformed B cell lines derived *in vitro* from normal donors.

Another latent stage has recently been described in which only a single gene, latent membrane protein 2A (or LMP-2A), is expressed (Miyashita, E., J. Virol. 71:4882-91 (1997)). The amino acid sequence and DNA sequence of
20 Epstein-Barr virus LMP-2A is found at Swiss Protein DataBank accession number P13285 and GenBank accession number M24212. This form may dominate in normal individuals. A form of latency observed in immunosuppressed patients appears to consist of only EBV DNA with no LMP-2A nor EBNA-1 expression (Babcock G, et al. J. Exp. Med., 190; 567-576
25 (1999)).

It has been asserted by some that only B lymphocytes are able to generate productive infectious virus (Thorley-Lawson, D.A., Miyashita, E.M., Khan, G., Trends Micro. 4:204-8 (1996)). Indeed, some argue that only B cells are infected in the latent state (Miyashita, E.M., et al., J. Virol. 71:4882-4891
30 (1997)). Recent observations by Thorley-Lawson show that multiple forms of latency co-exist in different cells in the same human subject (Babcock G, et al. J. Exp. Med., 190; 567-576 (1999)).

There are also data showing evidence for the expression of Epstein-Barr virus genes in rheumatoid synovium (Scotet E., et al. J. Exp. Med. 184:1771-80

5 (1996)) and in the synovial cells or fibroblasts from these patients (Koide J., et al. J. Virol. 71:2478-81 (1997); Takei M., et al., Int. Immunol. 9:739-43 (1997)).

It is believed that rheumatoid arthritis may be caused by a dysregulated form of Epstein-Barr virus infection in the synovium. This may involve more genes than just the known latent genes (EBERs, EBNA3A, EBNA3B, EBNA3C, BART, LP, LMPs).
10 While no one has established whether that intact virus is produced, it is thought that the infection is less efficient relative to a normal infection in B cells. This is referred to as an “abortive” or “partial” or “incomplete” EBV infection. The genes expressed include, among others, BZLF1, BMLF1, BCRF1, BMRF1, BALF4, EBNA3A, EBNA3B, EBNA3C, and LMP2. (Scotet et al Eur J.
15 Immunol. 29:973-85 (1999)). The T cell immune response in RA synovium appears to be strongest against a few genes involved in signaling the virus to switch from latency to lytic infection.

Other Latent Viruses

Latency in herpes simplex virus-1 and herpes simplex virus-2 is
20 maintained with the latency associated transcripts (LAT). The major open reading frame contains 2 kb of viral DNA. Though CD8+ T cells appear to be important in maintaining latency, the antigen and their relation to LAT is not known. Indeed, the protein products from the LAT genes have never been isolated. An immune response directed against LAT RNA or LAT encoded
25 protein is not known.

In *varicella zoster* virus, the latently expressed proteins include IE4, IE62, IE63 and ORF29p. IE63 is abundant and antigenic (Straus, S.E., et al. Ann. Int. Med. 108:221 (1988); Donahue, J.G. et al. Arch. Int. Med. 155:1605-9 (1995); Debras, S. et al. J. Virol. 69:3240 (1995); Mahalingham, R., et al. Proc.
30 Nat'l. Acad. Sci., U.S.A. 93:2122 (1996); Sadzot-Delvaux, C., et al. J. Immunol. 159:2802 (1997); Sadzot-Delvaux, C. & Bentier, B., 24th International Herpesvirus Workshop July 17-23 23 (Mass. Inst. Tech.) abst. 9.009 (1999)).

There is much less now known about the latent state of infection with cytomegalovirus than with Epstein-Barr virus. Nevertheless, in both man and
35 mouse a number of genes are expressed in latent cytomegalovirus infection

5 including ORF42, ORF45, ORF55, ORF59, ORF94, ORF152, and ORF154. Of these, at least ORF152 has a predicted transmembrane domain and may be a membrane protein, and hence have a potential to be a target for therapeutics in a way similar to LMP-2A, as described herein. Cytomegalovirus is a β herpesvirus, as are HHV-6 and HHV-7. It is thought that HHV-6 ORF160 and
10 HHV-7 ORF97 are the latent homologues of HCMV ORF152 (Kondo, K. & Yamanishi, K. 24th International Herpesvirus Workshop, July 17-23 (Mass. Inst. Tech.) Abst. 1.016 (1999)). ORF152 has been shown to be antigenic (Kondo, K. et al Proc. Natl. Acad. Sci. USA 93;11137-42 (1996)), but not whether the antibodies to ORF 152 will bind the surface of cells latently infected with
15 cytomegalovirus.

Kaposi's sarcoma herpesvirus or HHV-8, another oncogenic human gamma herpesvirus, expresses a latent protein called latency associated nuclear antigen ("LANA" or ORF73). LANA has been shown to attach cellular DNA to the episome of Kaposi's sarcoma herpes virus. In addition, ORF71 and ORF72
20 are expressed in the latent form of HHV-8 (Dittmer D, et al. J. Virol. 72:8309 (1998)). Both the Kaposi's sarcoma-associated herpesvirus (Human herpesvirus 8) and *Herpesvirus papio* produce latent membrane proteins similar to EBV LMP-2A (Genbank accession # AAD45297 and accession #AAC54552 respectively). In addition the *Herpesvirus papio* also contains a latent
25 membrane protein similar to EBV LMP-1 (GenBank accession #AAB37764).

Diagnostic and Cytotoxic Agents

The antibodies or fragments thereof can be used to identify, remove and/or kill latently infected cells. Typically, the antibody will be coupled to a label which is detectable or cytotoxic but which does not interfere with binding
30 to the infected cells. Examples include radioisotopes, such as indium ("In"), which is useful for diagnostic purposes, and yttrium ("Y"), which is cytotoxic. Other detectable labels include enzymes, radioisotopes, fluorescent compounds, chemiluminescent compounds, and bioluminescent compounds and compounds detectable by ultrasound, MRI or CT. Other cytotoxic agents include toxins
35 such as ricin, mitomycin C, danorubicin, and vinblastin.

5

Antibodies to the Latent Viral Proteins

When an antigen is presented to an immune system there are usually many antibodies produced, often recognizing different portions of the antigen. The sera of the antigen challenged animal may contain all or many of these antibodies, referred to as polyclonal antibodies. Each of the antibodies are
10 produced from a single B cell which in turn makes many clonal copies of itself. These B cells can be made into hybridomas which produce a monoclonal antibody.

Antigens have regions called epitopes which make up the specific molecular determinants for antibody:antigen binding. Typically an epitope of a
15 protein is composed of between three or four to eight amino acids (see Watson et al., "Certain Properties Make Substances Antigenic," in Molecular Biology of the Gene; Fourth Edition, page 836, paragraph 3, (The Benjamin/Cummings Publishing Company, Menlo Park, 1987)). The antigens that are determinative of the latent stage of a viral infection can contain the entire native epitope, or
20 portions thereof, sufficient to react with antibody.

An antibody to an antigen of choice can be produced in mice according to Kohler and Milstein, Nature, 256:495-497 (1975) and Eur. J. Immunol. 6:511-519 (1976), both of which are hereby incorporated by reference, by immunizing a host with the antigen of choice. Once a host is immunized with the antigen, B-
25 lymphocytes that recognize the antigen are stimulated to grow and produce antibody to the antigen. Each activated B-cell produces clones which in turn produce the monoclonal antibody. B-cells cannot be cultured indefinitely, however, so hybridomas are produced using the methods developed by Kohler and Milstein, Nature, 256:495-497 (1975). The antibodies produced and
30 isolated by this method are specific for a single antigen or epitope on an antigen, and are referred to as monoclonal antibodies.

A cell bound enzyme linked immunosorbent assay (ELISA) can be used to screen supernatants from growing hybridomas (Glassy, M. C. and Surh, C. D., J. Immunol. Method, 81:115 (1985)). Cells which bind the antibody or

5 produce the antibody can be analyzed using Flow Cytometry. Cell surface antigens are detectable by flow cytometry.

Solid phase binding of antibodies to peptides has proven useful for examining sequential linear epitopes, also referred to as "linear" or "sequential". These have been useful to define important residues in epitope structure. This approach may or may not be less useful in defining conformational epitopes or for defining regions where two or more linear, but not sequential, epitopes are brought together by the tertiary structure. The particular structural relationships between the antigens derived from viral proteins expressed during the latent life cycle of a DNA virus and the antibodies that bind them with particular regard to the specific conformation assumed by the peptide determines what can be learned by this approach. In addition, although many peptides may assume conformations in solution that are not found in the native protein structure, true epitopes may still be delineated by this method. Those peptides that tend to have a structure similar to that found in the native molecule are usually expected to be bound by a larger proportion of the antibodies that bind the analogous sequence on the native protein and/or may be bound with greater affinity.

Useful latent viral proteins to make antibodies for use in the conjugates disclosed herein are described above. Proteins that are expressed on the cell surface of the cells harboring the latent DNA virus are preferred. A preferred latent viral protein is the LMP-2A protein of EBV. Vaccines including this protein, and more preferably the extracellular portion of this protein, and optionally an adjuvant, can be used to immunize patients against the latent infection, or for this application, to make antibodies for use as conjugates. Suitable antibodies can be produced as described in example 1. Though antibodies against the latent membrane proteins have long been appreciated (e.g. Rowe, M. et al., J. Gen. Virol. 69:1217-28 (1988)), including a remarkably high frequency of antibodies against LMP-2A and LMP-2B in nasopharyngeal carcinoma (Lennette, E.T. et al., Eur. J. Cancer 31A:1875-8 (1995)), the presence of antibody binding to LMP-2A or LMP-2B from the external cell surface has not been demonstrated previously.

5 LMP-1 is also expressed during some phases of latency. Depending upon
their expression patterns, this membrane protein may also be a useful target for
anti-EBV therapeutics in the EBV related diseases, much as LMP-2A appears to
be and LMP-2B are.

Other viral proteins of interest include cytomegalovirus (CMV), Kaposi,
10 and other herpes viruses, especially human herpes virus 6, varicella 3, and CMV
5.

While the *in vivo* use of a monoclonal antibody from a foreign donor
species in a different host recipient species is usually uncomplicated, an
antigenic site on the donor antibody can cause an adverse immunological
15 response in the organism receiving the donor antibody. The adverse response
may serve to hinder the molecular interaction of the donor antibody or
acceptance of the donor antibody. Chimeric antibodies can be used to reduce or
eliminate the adverse host response (Sun, L.K., et al., Hybridoma, 5
(Supplement 1):S17 (1986); Oi, et al., Bio Techniques, 4(3): 214 (1986)).
20 Chimeric antibodies are antibodies in which the various domains of the
antibodies' heavy and light chains are coded for by DNA from more than one
species. Typically, a chimeric antibody will comprise the variable domains of
the heavy (V_H) and light (V_L) chains derived from the donor species producing
the antibody of desired antigenic specificity, and the variable domains of the
25 heavy (C_H) and light (C_L) chains derived from the host recipient species. It is
believed that by reducing the exposure of the host immune system to the
antigenic determinants of the donor antibody domains, especially those in the C_H
region, the possibility of an adverse immunological response occurring in the
recipient species will be reduced. Thus, for example, it is possible to produce a
30 chimeric antibody for *in vivo* clinical use in humans which comprises mouse V_H
and V_L domains coded for by DNA isolated from a rabbit that binds LMP-2A
and C_H and C_L domains coded for with DNA isolated from a human immune
system cell.

Under certain circumstances, monoclonal antibodies of one isotype
35 might be more preferable than those of another in terms of their diagnostic or

5 therapeutic efficacy. For example, from studies on antibody-mediated cytotoxicity, it is known that unmodified mouse monoclonal antibodies of isotype gamma-2a and gamma-3 are generally more effective in lysing target cells than are antibodies of the gamma-1 isotype. This differential efficacy is thought to be due to the ability of the gamma-2a and gamma-3 isotypes to more actively
10 participate in the cytolytic destruction of target cells. Particular isotypes of a monoclonal antibody can be prepared either directly, by selecting from the initial fusion, or prepared secondarily, from a parental hybridoma secreting a monoclonal antibody of different isotype by using the sib selection technique to isolate class-switch variants (Steplewski, et al., Proc. Natl. Acad. Sci., U.S.A.,
15 82:8653 (1985); Spira, et al., J. Immunol. Meth., 74:307 (1984)). Thus, the antibodies described herein include class-switch variants having the specificity of monoclonal antibodies derived to the extracellular regions of LMP-2A.

Antibody fragments, such as, for example, Fab and F(ab')₂, as well as isotypes, particularly if labeled or bound to a cytotoxic agent, can be used since
20 having an effect on the viral infection in these situations is not dependent upon complement-mediated cytolytic destruction of those cells bearing the latent viral protein.

Those of skill in the art readily understand how to apply the techniques developed for immunotherapy discussed herein to compositions which do not
25 include an antibody *per se*, but have the same antigen recognition properties of an antibody. For example, peptides binding an "antigen" which are developed *de novo* using combinatorial methods can be used to replace the "antibody" in the immunotherapy regimes. These could be coupled to a radioisotope or toxin, for example, for delivery to the target cell, as described below with respect to
30 the antibodies.

Coupling of Diagnostic or Cytotoxic Agents to Antibodies

The diagnostic or cytotoxic agents can be coupled either directly or indirectly to the antibodies. Indirect coupling is typically via a spacer moiety. These spacer moieties, in turn, can be either insoluble or soluble (Diener, et al.,

5 Science, 231:148 (1986)) and can be selected to enable release of the agent from the antibody molecule at the target site.

Some radioisotopes can be attached directly to the antibody; others require an indirect form of attachment. The radioisotopes ^{125}I , ^{131}I , $^{99\text{m}}\text{Tc}$, ^{186}Re and ^{188}Re can be covalently bound to proteins (including antibodies) through
10 amino acid functional groups. For radioactive iodine it is usually through the phenolic group found on tyrosine.

There are numerous methods to accomplish coupling: chloramine-T (Greenwood, et al. Biochem J. 89: 114-123 (1963)); and Iodogen (Salacinski, et al. Anal. Biochem. 117: 136-146 (1981)). Tc and Re can be covalently bound
15 through the sulfhydryl group of cysteine (Griffiths, et al. Cancer Res. 51: 4594-4602 (1991)).

For *in vivo* diagnosis radioisotopes may be bound to immunoglobulin either directly or indirectly by using an intermediate functional group. Intermediate functional groups which often are used to bind radioisotopes which
20 exist as metallic ions to immunoglobins are the bifunctional chelating agents such as diethylenetriaminepentaacetic acid (DTPA) and ethylenediaminetetraacetic acid (EDTA) and similar molecules.

The targeting molecule (for example, the antibody), and the agent can be linked in several ways. If the hybrid molecule is produced by expression of a
25 fused gene, a peptide bond serves as the link between the cytotoxin and the antibody or antibody fragment. Alternatively, the toxin and the binding ligand can be produced separately and later coupled by means of a non-peptide covalent bond. For example, the covalent linkage may take the form of a disulfide bond. In this case, the DNA encoding the antibody can be engineered
30 to contain an extra cysteine codon. The cysteine must be positioned so as not to interfere with the binding activity of the molecule. The toxin molecule must be derivatized with a sulfhydryl group reactive with the cysteine of the modified antibody. In the case of a peptide toxin this can be accomplished by inserting a cysteine codon into the DNA sequence encoding the toxin. Alternatively, a
35 sulfhydryl group, either by itself or as part of a cysteine residue, can be

5 introduced using solid phase polypeptide techniques. For example, the
introduction of sulfhydryl groups into peptides is described by Hiskey (Peptides
3:137 (1981)). The introduction of sulfhydryl groups into proteins is described
in Maasen et al. (Eur. J. Biochem. 134:32 (1983)). Once the correct sulfhydryl
groups are present, the cytotoxin and antibody are purified, both sulfur groups
10 are reduced; cytotoxin and ligand are mixed; (in a ratio of about 1:5 to 1:20) and
disulfide bond formation is allowed to proceed to completion (generally 20 to 30
minutes) at room temperature. The mixture is then dialyzed against phosphate
buffered saline or chromatographed in a resin such as Sephadex to remove
unreacted ligand and toxin molecules.

15 Numerous types of cytotoxic compounds can be joined to proteins
through the use of a reactive group on the cytotoxic compound or through the
use of a cross-linking agent. A common reactive group that will form a stable
covalent bond *in vivo* with an amine is isothiocyanate (Means, et al. Chemical
modifications of proteins (Holden-Day, San Francisco 1971) pp. 105-110). This
20 group preferentially reacts with the ϵ -amine group of lysine. Maleimide is a
commonly used reactive group to form a stable *in vivo* covalent bond with the
sulfhydryl group on cysteine (Ji, T.H., Methods Enzymol 91: 580-609 (1983)).
Monoclonal antibodies are incapable of forming covalent bonds with radiometal
ions, but they can be attached to the antibody indirectly through the use of
25 chelating agents that are covalently linked to the antibodies. Chelating agents
can be attached through amines (Meares, C.F., et al., Anal. Biochem. 142:68-78
(1984)) and sulfhydryl groups (Koyama, et al., Chem. Abstr. 120:217262t
(1994)) of amino acid residues and also through carbohydrate groups (Rodwell,
J.D., et al., Proc. Natl. Acad. Sci. 83:2632-2636 (1986); Quadri, S.M., et al.,
30 Nucl. Med. Biol. 20:559-570 (1993)). Since these chelating agents contain two
types of functional groups, one to bind metal ions and the other to joining the
chelate to the antibody, they are commonly referred as bifunctional chelating
agents (Sundberg, M.N., et al., Nature 250:587-588 (1974)).

Crosslinking agents have two reactive functional groups and are
35 classified as being homo or heterobifunctional. Examples of homobifunctional

5 crosslinking agents include bismaleimido-hexane (BMH) which is reactive with
sulfhydryl groups (Chen, L.L., et al. J Biol Chem 266: 18237-18243 (1991) and
ethylene glycolbis[succinimidylsuccinate] EGS which is reactive with amino
groups (Browning, J., et al., J. Immunol. 143: 1859-1867 (1989)). An example
of a heterobifunctional crosslinker is -maleimidobenzoyl-N-hydroxysuccinimide
10 ester (MBS) (Myers, DE et al. J. Immunol. Meth. 121(1): 129-142 (1989)).

These methodologies are simple and are commonly employed.

Cytotoxic Agents

Toxins and substances which elicit the host to attack the tumor cells, as
well as synthetic or natural chemotherapeutic drugs (Halpern, et al., J. Nucl.
15 Med. 29:1688-1696 (1988); Quadri, et al., Nucl. Med. Biol. 20:559-570 (1993);
Wang, et al., Radiat. Res. 141:292-302 (1995)), oligonucleotides (Mujoo, et al.,
Oncogene 12:1617-1623 (1996)), cytokines (Markman, Semin. Oncol. 18:248-
254 (1991); Dedrick, et al., Cancer. Treat Rep. 62:1-11 (1978)), and radioactive
colloids (Rowlinson, et al., Cancer Res. 47:6528-6531 (1987)), can be
20 conjugated to the antibodies using standard chemical techniques, or in some
cases, using recombinant technology, for example, fusion proteins. The
antibodies can also be coupled to a signal protein that induces apoptosis (or
programmed cell death).

Toxins are poisonous substances produced by plants, animals, or
25 microorganisms that, in sufficient dose, are often lethal. Diphtheria toxin is a
substance produced by *Corynebacterium diphtheria* which can be used
therapeutically. The toxic alpha component can be bound to the antibody and
used for site specific delivery to a cell harboring a latent virus, such as EBV.
Diphtheria toxin, whose sequence is known, and hybrid molecules thereof, are
30 described in detail in U.S. Patent No. 4,675,382 to Murphy.

Lectins are proteins, usually isolated from plant material, which bind to
specific sugar moieties. Ricin is a toxic lectin which has been used
immunotherapeutically. This is accomplished by binding the alpha-peptide
chain of ricin, which is responsible for toxicity, to the antibody molecule to
35 enable site specific delivery of the toxic effect. Other useful toxins include

5 cholera toxin, Shiga-like toxin (SLT-I, SLT-II, SLT-IIIV), LT toxin, C3 toxin,
Shiga toxin, pertussis toxin, tetanus toxin, Pseudomonas exotoxin, alorin,
saporin, modeccin, and gelanin. See also Hoch, D.H., et al., Proc. Natl. Acad.
Sci. USA 82:1692-6 (1985); Colombatti, M., et al., J. Biol. Chem. 261:3030-5
(1986); Deleers et al., FEBS Lett., 160:82-6 (1983), Hwang, J., et al. (Cell
10 48:129-36 (1987)); and Gray, G.L., et al. (Proc. Natl. Acad. Sci. USA 81:2645-9
(1984)).

Radioisotopes are small and well characterized, and can be used as
diagnostics and followed after administration using standard non-invasive
radioimaging techniques. Certain radioisotopes may be more preferable than
15 others depending on such factors as viral distribution as well as isotype stability
and emission characteristics. In general, alpha and beta particle-emitting
radioisotopes are preferred in immunotherapy. Preferred are short range, high
energy alpha emitters such as ^{212}Bi . Examples of radioisotopes which can be
bound to the disclosed antibodies for therapeutic purposes are ^{125}I , ^{131}I , ^{90}Y ,
20 ^{67}Cu , ^{212}Bi , ^{211}At , ^{212}Pb , ^{47}Sc , ^{109}Pd , and ^{188}Re .

As radioisotopes decay, they emit characteristic photons or particles or
both. Photons, commonly referred to as gamma rays, are penetrating. If their
energy level is high enough, they can travel through the body and be detected by
diagnostic instrumentation. Radioisotopes that emit photons can be attached to
25 an antibody and used for diagnostic imaging. This application is termed
radioimmunosciintigraphy (RIS). The shorter the distance between the antigen
and the target, the shorter the required range of emission of the radioisotope.
Auger electrons have a very short path length (5-10 nm) and need to be
internalized to be cytotoxic (Adelstein, et al., Nucl. Med. Biol. 14:165-169
30 (1987)). Only antibodies that are internalized after binding to a cell should be
considered for radioisotopes that emit Auger electrons. Alpha particles need to
be close to a cell (within 3-4 cell diameters) to be effective (Vriesendorp, et al.,
Radioimmunoglobulin therapy. In: High Dose Cancer Therapy. Armitage, et
al. (eds). (Williams & Wilkins, Baltimore, MD 1992) pp. 84-123). Both Auger

5 electrons and alpha emitters have high selectivity because their short-range emission will not irradiate neighboring normal cells.

The radiometals ^{111}In and ^{90}Y are, respectively, pure γ - and pure β -emitters. Iodine-125, the most commonly used emitter of Auger electrons, has a half-life of 60 days and frequently is released by the immunoconjugate *in vivo* (dehalogenation) (Vriesendorp, et al., 1992). The most commonly considered
10 alpha emitters for clinical use, astatine-211 and bismuth-212, have short half-lives (7.2 h and 1.0 h, respectively) and decay into radioactive isotopes, that may not be retained by the immunoconjugate after the first alpha emission (Wilbur, Antibiot. Immunoconjug. Radiopharm. 4:85-97 (1991)).

15 The antibodies can also be labeled with a paramagnetic isotope for purposes of *in vivo* diagnosis, as in magnetic resonance imaging (MRI) or electron spin resonance (ESR). In general, any conventional method for visualizing diagnostic imaging can be utilized. Usually gamma and positron emitting radioisotopes are used for camera imaging and paramagnetic isotopes
20 for MRI.

Vaccines

Vaccines to induce a reaction to the latent viral proteins, will typically consist of the viral protein, most preferably an extracellular portion thereof, as described above, alone or in combination with an adjuvant. Numerous vaccine
25 formulations are known to those skilled in the art.

As discussed above, EBV produces cells expressing LMP-2A, which are latently infected cells. LMP-2A peptides, or the entire protein, can be obtained by isolating the naturally occurring protein, or more preferably, engineered peptides can either be made through synthetic mechanisms or through
30 recombinant biotechnology techniques. Peptides of up to about forty amino acids, more preferably between four and twenty-five amino acids, most preferably between four and eight amino acids, can be synthesized using any one of the methods known to those skilled in the art. Immunogenic fusion protein derivatives can be made by fusing a polypeptide sufficiently large to
35 confer immunogenicity to the target sequence by cross-linking *in vitro* or by

5 recombinant cell culture transformed with DNA encoding the fusion. For example, chimeric proteins consisting of multiple epitopes from one or more latent viral proteins can be used to generate a more immunogenic molecule for administration as a vaccine.

Peptide molecules can be generated in a variety of ways well known to those of ordinary skill in the art. An example is the solid phase synthesis described by J. Merrifield (J. Am. Chem. Soc. 85, 2149 (1964)), used in U.S. Patent No. 4,792,525, and described in U.S. Patent No. 4,244,946, wherein a protected alpha-amino acid is coupled to a suitable resin, to initiate synthesis of a peptide starting from the C-terminus of the peptide. Other methods of synthesis are described in U.S. Patent No. 4,305,872 and 4,316,891. These methods can be used to synthesize peptides having identical sequence to the proteins described herein, or substitutions or additions of amino acids, which can be screened for activity as described above.

Recombinant DNA technology can be used to generate large numbers of peptides. Indeed, one approach uses what is called a phage display library. Here the DNA is transcribed into mRNA which is then translated to become part of the minor pili protein. By randomly varying the critical part of the DNA, a large number of peptides are prepared, which can include all of the theoretically possible peptides. In addition to their use in vaccines, the peptides can be used to evaluate antigenicity or other interactions between ligands.

Pharmaceutically Acceptable Carriers

The compositions, including antibodies, can be used therapeutically in combination with a pharmaceutically acceptable carrier.

Pharmaceutical carriers are known to those skilled in the art. These most typically would be standard carriers for administration of vaccines to humans, including solutions such as sterile water, saline, and buffered solutions at physiological pH. Other ingredients include excipients, carriers, thickeners, diluents, buffers, preservatives, and surface active.

Preparations for parenteral administration include sterile aqueous or non-aqueous solutions, suspensions, and emulsions. Examples of non-aqueous

- 5 solvents are propylene glycol, polyethylene glycol, vegetable oils such as olive oil, and injectable organic esters such as ethyl oleate. Aqueous carriers include water, alcoholic/aqueous solutions, emulsions or suspensions, including saline and buffered media. Parenteral vehicles include sodium chloride solution, Ringer's dextrose, dextrose and sodium chloride, and lactated Ringer's.
- 10 Preservatives and other additives may also be present such as, for example, antimicrobials, anti-oxidants, chelating agents, and inert gases.

The immunogenic peptides can also be administered in a viral vector, such as an adenoviral vector, which infects cells, presents the latent viral protein epitopes on the surfaces of the infected cells and thereby elicits the immune response against the virus, i.e., EBV. Suitable adenoviral vector and vaccinia virus systems are described by Ranier, et al., J. Virol. 73(12):10416-10425 (1999) and Stewart, et al., Vaccine 17:152-157 (1999), respectively.

15 Alternatively, the immunogenic peptides can be administered as DNA in a plasmid, which can be administered directly as naked DNA, in cells, and/or encapsulated in a polymer such as microspheres or hydrogels. These techniques are well known to those skilled in the art. Charo, et al., J. Immunol. 163:5913-5919 (1999) describes a suitable plasmid delivery system. Polymeric carriers and other delivery systems are described, for example, in U.S. Patent Nos. 6,133,026, 6,080,728, 6,048,736, 5,985,573, 5,869,103, and 5,783,567.

25 **Substrates for Removal of Infected Cells**

The latently infected cells, once identified by the compositions herein, can be separated from the remainder of the cells following procedures such as bone marrow or solid organ transplants, or by standard techniques such as plasmapheresis. These tend not to be selective, however.

30 More preferably, infected cells are removed with a selective process. For example, antibody can be covalently bound to a solid phase and employed as a composition for separation of latently infected cells from the remainder of cells. In a preferred embodiment, the patient's blood is passed through an extracorporeal reactor or filter having the anti-viral antibodies immobilized thereon or therein. Typical filters are of the type used for kidney dialysis and

35

5 can be attached to the patient in the same manner. Conventional coupling techniques, such as those described above, are used to secure the antibodies to the nitrocellulose membranes in the dialyser units.

II. Methods of Diagnosis and Treatment

There are a number of uses for the disclosed compositions, for example,
10 in diagnostic assays and kits, vaccine preparations, and a variety of therapies.

The destruction of cells harboring latent virus should reduce the effects of the virus on the host and moderate or prevent any subsequent diseases that are dependent on the presence of the DNA virus. For example, diseases such as lupus (or any of the other diseases thought to be caused by EBV) which are
15 believed to require the continued presence of the EBV infection in order to maintain the disease process, could thereby be moderated by the reduction in EBV infected cells.

Therapies

Diseases to be Treated

20 Latent viral infections have been correlated with certain diseases, for example, EBV infection is correlated with autoimmune disease and cancer, as demonstrated by a number of published studies.

For example, a Japanese group found a high frequency of antibodies against Epstein-Barr virus Nuclear Antigens 2 and 3 in lupus patient sera (an
25 autoimmune disease), compared to normal controls (Kitagawa, H., Et al. Immunol. Lett. 17:249-252 (1988)). Another Japanese group found higher levels of antibody directed against a membrane antigen from Epstein-Barr virus in lupus (and rheumatoid arthritis) sera than in controls (Yokochi, T. et al. J. Rheumatol. 16:1029-1032 (1989)). Similarly, an Australian group found a
30 modest increase in antibodies against early antigens (Sculley, D.G., et al. J. Gen. Virol. 67:2253-2258 (1986)). An Italian group has shown that the affinity purified antibodies from the 95-119 region of Sm D from lupus patients bind the Epstein-Barr virus Nuclear Antigen-1 between amino acids 35 and 58 (Sabbatini, A., et al. Eur. J. Immunol. 23:1146-1152 (1993)). The most recent
35 contribution to this question uses both molecular methods to detect Epstein-Barr

5 DNA and serologic methods to detect antibodies to Epstein-Barr virus (Tsai, Y. et al. Int. Arch. Allergy Immunol. 106:235-240 (1995)). These studies show no significant differences between lupus patients and controls.

Morshed and colleagues published data showing an increased level of Epstein-Barr virus DNA in patients with primary biliary cirrhosis compared to
10 controls from peripheral blood mononuclear cells, saliva, and fixed liver tissue (Morshed, S.A. et al. Gastroenterol. Jpn. 27:751-758 (1992)). The nuclear dot antigen is an autoantigen bound by autoantibody found in a few sera from patients with primary biliary cirrhosis. This autoantibody is uncommonly found
15 in lupus and rheumatoid arthritis sera. Analysis of the epitopes of the nuclear dot antigen has revealed two epitopes which have homology with Epstein-Barr virus protein sequences (Xie, K. and Snyder, M. Proc. Natl. Acad. Sci. 92:1639-1643 (1995)).

Evidence consistent with a relationship between lupus and EBV is the following: The anti-Sm response may develop as a consequence of molecular
20 mimicry between PPPGRRP of EBNA-1 and PPPGMRPP of the Sm B/B' autoantigen of the spliceosome (James JA and Harley JB, J. Immunol. 148:2074-79 (1992); James JA, et al. J. Exp. Med. 181:453-61 (1995)). EBV infection is associated with lupus in both children and adults (James JA, et al. J. Clin. Inv. 100:3019-26; James JA and Harley JB Arthritis Rheum., in press
25 (1999)). The immune response against EBV is qualitatively different in lupus patients than it is in adults (James, J.A., et al., Arthritis Rheum., 41:S308 (1998)). EBV infection tends to precede lupus in affected individuals.

Other autoimmune diseases, including both rheumatoid arthritis and Sjogren's syndrome, have been explored for a possible relationship to Epstein-
30 Barr virus. See Fox R.I., et al. J. Rheumatol. 19:18-24 (1992). The evidence which they conclude supports a role for Epstein-Barr virus in rheumatoid arthritis includes: similarity between synovial and viral antigens, higher levels of antibodies against the Epstein-Barr virus Nuclear Antigens 1 and 3, and the lower ability of lymphocytes to prevent the outgrowth of autologous, Epstein-

- 5 Barr virus infected lymphocytes (Fox, R.I. Current Opin. Rheum. 7:409-416 (1995)).

Table 1. Frequency of EBV-related, RAP or RANA antibodies by precipitation in RA patients and controls.

10	Author (year)	RA			controls		
		#pos/total	%	#pos/total	%	odds ratio	p-value
	G Dalldorf (1969) ¹	6/ 21	29%	2/106	1.9%	20.8	0.00001
	MA Alspaugh (1976) ²	69/141	49%	6/ 71	8%	10.41	<0.00001
	MA Catalano (1979) ³	44/ 47	94%	12/ 48	25%	44	<0.00001
	PB Ferrel (1981) ⁴	62/ 87	71%	3/ 53	6%	69	<0.00001
15	MA Alspaugh (1981) ⁵	44/ 61	72%	1/ 16	6%	39	<0.00001
	PJW Venables (1981) ⁶	86/100	86%	50/ 93	54%	5.3	<0.00001
	DA Bell (1984) ⁷	13/ 31	42%	3/ 26	12%	5.5	0.02
	K Nakabayashi ⁸ (1985)	24/ 40	60%	2/ 30	7%	21	<0.00001

- 20 ¹Dalldorf, G., et al., J. Amer. Med. Assn. 208:1365-8 (1969)
²Alspaugh, M.A. & Tan, E.M., Arthritis Rheum. 19:711-9 (1976)
³Catalano, M.A., et al., Proc. Natl. Acad. Sci USA 76:5825-8 (1979)
⁴Ferrel, P.B., et al., J. Clin. Invest. 67:681-7 (1981)
⁵Alspaugh, M.A., et al., J. Clin. Invest. 67:1134-40 (1981)
⁶Venables, P.J.W., et al., Arthritis Rheum. 24:1459-68 (1981)
25 ⁷Bell, D.A. & Alspaugh, M.A. J. Rheumatol. 11:277-81 (1984)
⁸Nakabayashi, K., et al., Rheumatol. Int. 5:61-7 (1985)

Table 2. Frequency of anti-RANA antibodies by immunofluoresence in RA patients and controls.

30	Author (year)	RA			controls		
		#pos/total	%	#pos/total	%	odds ratio	p-value
	EM Tan (1979) ¹	59/ 90	67%	6/71	8%	21	<0.00001
	KC Ng (1980) ²	116/124	94%	8/50	16%	76	<0.00001

- 35 ¹Tan, E.M. Rev. Inf. Dis. 1:997-1006 (1979)
²Ng, K.C., et al., Lancet 1(8166):447-9 (1980)

5 **Table 3. Frequency of anti-EBNA-1 antibodies by immunofluorescence in RA patients and controls.**

	Author (year)	RA		controls		odds ratio	p-value
		#pos/total	%	#pos/total	%		
	MA Catalano (1979) ¹	49/50	98%	41/47	87%	7.2	0.05
10	KC Ng (1980) ²	55/64	86%	36/50	72%	2.4	>0.05
	PB Ferrel (1981) ³	77/80	97%	45/51	89%	3.4	>0.05
	A Kahan (1985) ⁴	47/47	100%	14/14	100%	1.0	1.0
	M Musiani (1987) ⁵	19/35	54%	6/40	15%	6.7	<0.0001
	T Yokochi (1989) ⁶	18/22	82%	2/14	14%	27	<0.00001
15	¹ Catalano, M.A., et al., <u>Proc. Natl. Acad. Sci. USA</u> 76:5825-8 (1979)						
	² Ng, K.C., et al., <u>Lancet</u> 1(8166):447-9 (1980)						
	³ Ferrel, P.B., et al., <u>J. Clin. Invest.</u> 67:681-7 (1981)						
	⁴ Kahan, A., et al., <u>Arthritis Rheum.</u> 28:961-70 (1985)						
	⁵ Musaini, M., et al. <u>Ann. Rheum. Dis.</u> 46:837-42 (1987)						
20	⁶ Yokochi, T., et al., <u>J. Rheumatol.</u> 16:1029-32 (1989)						

It has been proposed that Epstein-Barr virus is an etiologic agent for Sjogren's syndrome (Whittingham, S., et al. Med. Hypothesis 22:373-386 (1987)). They postulate that the combined effect of Epstein-Barr virus infection and autoimmunity leads to Sjogren's syndrome.

A higher level and frequency of Epstein-Barr virus, as well as other viruses, are found in salivary gland epithelium and gland tissue of patients with Sjogren's Syndrome (Fox, R.I. et al. J. Immunol 137:3162-3168 (1986)); (Fox, R.I. Current Opin. Rheum. 7:409-416 (1995)). Evidence for Epstein-Barr virus in 80% of the lacrimal gland specimens from Sjogren's syndrome patients and in none of the controls was reported by Pflugfelder, S.A. et al Ophthalmology 97:976-984 (1990); and Pflugfelder, S.A. et al. Am. J. Pathol. 143:49-64 (1993). Higher levels of hybridization between an Epstein-Barr virus DNA probe and the nuclei of salivary gland epithelial cells in Sjogren's syndrome than in controls was reported by Karameris, A. et al. Clin. Exp. Rheum. 10:327-332 (1992).

5 An increase in the Epstein-Barr virus production by B cells in patients with Sjogren's syndrome was described by Tateishi, M. et al. Arthritis Rheum. 36:827-835 (1993). A minor increase in antibody levels against Epstein-Barr virus Nuclear Antigen-2 domains in Sjogren's syndrome compared to controls was published by Inoue, N. et al. J. Infect. Dis. 164:22-28 (1991). A modest
10 elevation of anti-Epstein-Barr Nuclear antigen, anti-Early Antigen and anti-Epstein-Barr virus Viral Capsid Antigen (all measured by immunofluorescence) was described by Toda, I., et al. Sjogren's syndrome (SS) and Epstein-Barr virus (EBV) reactivation. In Lacrimal Gland, Tear Film, and Dry Eye Syndrome. D.A. Sullivan, ed. pp 647-650 (Plenum Press, New York 1994).

15 Others, however, found no such relationship and concluded that the frequency of Epstein-Barr virus DNA in salivary biopsy specimens was no different in patients with Sjogren's syndrome when compared with normal (Venables, P.J.W., et al. Clin. Exp. Immunol. 75:359-364 (1989); Venables, P.J.W., et al. J. Autoimmunity 2:439-438 (1989); Deacon, L.M., et al. Am J. Med. 92:453-454 (1992); Venables, P.J.W. et al. Clin. Exp. Immunol. 75:359-
20 364 (1989); Maitland (Maitland, N.J. Am. J. Med. 96:97 (1994); Deacon, E.M., et al. J. Pathol. 163:351-360 (1991); Mariette, X., et al. Am. J. Med. 90:286-294 (1991).

 An example of double infection with Epstein-Barr virus and another
25 virus is found in a cell line isolated from a patient with apparent multiple sclerosis (Haahr, S. et al. Ann. N. Y. Acad. Sci. 724:148-156 (1996)). The increased prevalence of seroconversion among multiple sclerosis patients, relative to controls, has led to the suggestion that Epstein-Barr virus may be an etiologic agent in multiple sclerosis (Sumaya, C.V. et al. Ann. Neurol. 17:371-
30 377 (1985); Bray, P.F., et al. Arch. Neurol. 40:406-408 (1983); Larsen. P.D., et al. Neurology 35:435-438 (1985); Warner, H.B. and Carp. R.I. Med. Hypothesis 25:93-97 (1988); Bray, P.F. et al. Neurology (1992)).

 It is therefore believed that agents specifically targeted to latent viral proteins, especially EBV latent proteins, may be effective to reduce or treat

- 5 diseases including autoimmune diseases such as SLE, Sjogren's Syndrome, rheumatoid arthritis, and Multiple Sclerosis.

Methods of Administration and Dosages

Therapy can be by inducing an immune response to the latent virus (vaccine), killing of the infected cells, or removal of infected cells. The
10 antibody conjugated to a cytotoxic agent can also be used for immunotherapy to kill cells infected with a virus that is at least partly in the latent stage of its life cycle and is expressing the proteins of latency with epitopes reactive with the disclosed antibodies. Effective dosages of antibody conjugate will vary based upon affinity, selectivity and concentration of the antibody.

15 The dosage ranges for the administration of the antibody conjugates are those large enough to ameliorate the symptoms of the immune response mediated disorder, but low enough to avoid adverse side effects, such as unwanted cross-reactions or anaphylactic reactions. Generally, the dosage will vary with the age, condition, and extent of the disease in the patient and can be
20 determined by one of skill in the art. The dosage can be adjusted by the individual physician in the event of any contraindications. Dosage can vary from one to multiple doses administered daily, for one to several days. Generally, when the antibodies of the invention are administered conjugated with therapeutic agents lower dosages, as compared those used for *in vivo*
25 immunodiagnostic imaging, can be used.

In a preferred embodiment, the vaccine is administered in a dosage and on a schedule which elicits a response capable of either blocking primary EBV infection or significantly reducing the EBV load during primary infection, to avert clinical symptoms.

30 *Vaccination*

A protocol for vaccination to induce an immune response to the infected cells is designed based on standard techniques. Efficacy can be determined based on measurements of antibody titers to the latent viral proteins and using diagnostic techniques to determine the presence and/or number of infected cells
35 remaining after treatment. Vaccination protocols range from a single

5 immunization to multiple boosters. Priming vaccinations followed by boosters may be required, or it may be necessary to utilize a prolonged treatment protocol with low quantities of antigen, as is done with the treatment of allergies.

Diagnostic Uses

10 Labelled antibody conjugates can be used to confirm and/or quantitate the presence of a latent viral infection. It is also possible to determine whether a particular therapeutic regimen aimed at reducing the viral infection is effective.

The antibodies specifically binding to the latent viral antigens present on the surface of the cells infected with the virus can be used in assays with either liquid phase or solid phase carriers and with any of a variety of labels, in either
15 competitive or noncompetitive assays and in either a direct or indirect format. Examples of such immunoassays are the radioimmunoassay (RIA) and the sandwich (immunometric) assay. Immunoassays can be run in either the forward, reverse, or simultaneous modes, including immunohistochemical assays on physiological samples.

20 The extracellular portion of the targeted latent viral antigen is presented on the surfaces of cells. These cells can therefore be detected by the disclosed antibodies in biological fluids and tissues. Any sample containing a detectable amount of the extracellular portion of LMP-2A or a cell expressing the extracellular portion of LMP-2A can be used. Normally, a sample is a liquid
25 such as saliva, cerebrospinal fluid, blood, or serum or a solid or semi-solid such as tissues.

In using the disclosed antibodies for the *in vivo* detection of the latent viral antigen, the detectably labeled monoclonal antibody is given in a dose which is sufficient to enable detection of cells which are latently infected with
30 virus.

It is desirable that the detectably labeled antibody be rapidly cleared from the circulatory system in order to give the best target-to-background signal ratio. Typically, the dosage of antibody will vary from about 0.01 mg/m² to about 20 mg/m², preferably about 0.1 mg/m² to about 10 mg/m².

5 For *in vivo* diagnostic imaging using a radioisotope, the type of detection instrument available is a major factor in selecting a given radioisotope. The radioisotope chosen must have a type of decay which is detectable for a given type of instrument. Still another important factor in selecting a radioisotope for *in vivo* diagnosis is that the half-life of the radioisotope be long enough so that it is still detectable at the time of maximum uptake by the target, but short enough so that deleterious radiation with respect to the host is minimized. Ideally, a radioisotope used for *in vivo* imaging will lack a particle emission, but produce a large number of photons in the 140-250 keV range, which may be readily detected by conventional gamma cameras.

10

15 A preferred treatment is the use of viral proteins to vaccinate a patient against the virus. Peptides used as vaccines are preferably administered intramuscularly or subcutaneously. The dose, schedule of doses and route of administration may be varied, whether oral, nasal, vaginal, rectal, extraocular, intramuscular, intracutaneous, subcutaneous, or intravenous, to avoid

20 autoimmunity and, yet, to achieve immunity from Epstein-Barr virus infection. The response to the unmodified vaccine may be further influenced by its composition. The particular adjuvant employed (its concentration, dose and physical state), concentration of the virus in the vaccine, and treatment of the unmodified vaccine with physical environmental changes, for example,

25 temperature and pressure, the particular buffer, and the particular preservative(s) (if any) will be selected to reduce the likelihood of developing an autoimmune disorder, for example using the animal strains discussed below. This same or different vaccine may be useful in reducing or eliminating the effect of an existing latent or active Epstein-Barr virus infection upon autoimmunity.

30 **Methods for Administration**

 The pharmaceutical composition may be administered in a number of ways depending on whether local or systemic treatment is desired, and on the area to be treated. Administration may be topically (including ophthalmically, vaginally, rectally, intranasally), orally, by inhalation, or parenterally, for example by

35 intravenous drip, subcutaneous, intraperitoneal or intramuscular injection. The

5 disclosed antibodies can be administered intravenously, intraperitoneally, intramuscularly, subcutaneously, intracavity, or transdermally.

The present invention will be further understood by reference to the following non-limiting examples.

Example 1: Preparation of anti-latent EBV antibodies.

10 To generate an *E. coli* LMP-2A expression plasmid, a 1,029 bp Sall/NsiI fragment was removed from the LMP-2A cDNA clone (obtained from Dr. Mike Kurilla, formerly from the Department of Pathology, University of Virginia Health Sciences Center) (Figure 1). This fragment of LMP-2A cDNA corresponds to bp 789-1817 of the GenBank LMP-2A entry (Accession
15 #M24212) and encodes amino acids 259-497 of LMP-2A as well as some of the 3' untranslated sequence. The fragment was ligated into SallI/PstI digested pMal-C2 (New England Biolabs, Beverly, MA). The resulting construct encodes a maltose binding protein (MBP) LMP-2A fusion protein (construct #1). Separating the maltose binding protein and LMP-2A is a run of 20
20 arginines and a Factor Xa cleavage site. The Factor Xa cleavage site allows the LMP-2A peptide fragment to be separated and isolated from the maltose binding protein moiety.

A second construct was generated by cloning a 1,760 bp BamHI/NsiI fragment from the LMP-2A cDNA clone and ligated into BamHI/PstI digested
25 pMal-C2. To maintain the proper open reading frame the new plasmid was digested with BamHI and XmnI, blunt-ended with the Klenow DNA polymerase I fragment, and re-ligated. The resulting plasmid encodes nearly the entire full-length LMP-2A protein (a.a. 18-498). In fact, amino acids 1-14 encode the signal sequence. Thus, this construct encodes all but the first four
30 amino acids of the mature peptide. The resulting construct encodes a MBP-full length LMP-2A fusion protein. *E. coli* cells transfected with the LMP-2A fusion protein construct appeared to express a full-length protein. This was based on the presence of a 93,000 molecular weight protein on SDS-PAGE and Western blot detection using rabbit anti-MBP polyclonal sera. However, over 90% of
35 the protein expressed from this construct appeared to be native maltose binding

5 protein (from affinity purification with an amylose resin column). This could have been due to proteolysis, instability of the fusion protein, or premature translational termination. Because of the instability of the full-length LMP-2A fusion protein anti-LMP-2A antibodies were generated using the more stable and higher expressed truncated LMP-2A fusion protein.

10 A third LMP-2A construct was generated by cloning a SalI/HindIII fragment from the pMal-truncated LMP-2A fusion protein plasmid (construct #1). This fragment was cloned into the pQE9 expression vector (Qiagen). This vector expresses the truncated LMP-2A peptide with an N-terminal six His tag. Which can be used for affinity purification on a nickel column. This fragment
15 has a molecular weight of 27,000 and the only additional amino acids are the six N-terminal histidine residues.

E. coli cells transfected with the truncated MBP-LMP-2A fusion protein plasmid (construct #1) expressed the MBP-LMP-2A fusion protein (Figure 2). This was based on the presence of a 69,000 molecular weight protein on SDS-
20 PAGE and Western blot detection using rabbit anti-MBP polyclonal sera. The LMP-2A fusion protein encodes 212 amino acids of the transmembrane domains and the C-terminal 27 amino acids, which are intracellular, as opposed to the 351 amino acids in the mature protein.

MBP-LMP2A fusion protein was isolated from *E. coli* cells that had been
25 induced by the addition of IPTG to 0.3 mM for 2 hours at 37 C. Cells were harvested by centrifugation and lysed by sonication. The MBP-LMP2A fusion protein was isolated from the cell lysate by affinity chromatography using amylose resin. Bound MBP-LMP-2A was eluted from the column using 10 mM Maltose.

30 **Example 2: Immunization of animals.**

Immunizations were performed as follows: On day one, two New Zealand White rabbits were immunized with 500 mcg recombinant MBP-LMP-2A fusion protein (in 0.5 ml PBS) emulsified in 0.5 ml complete Freund's adjuvant and injected by intraperitoneal and subcutaneous routes. On days 28, 56, and
35 100 the animals were boosted with another 500 mcg of antigen in incomplete

5 Freunds adjuvant. Pre-bleeds and weekly bleeds following the initial immunization were collected by ear puncture to determine the titer of anti-LMP-2A antibodies.

Western blot analysis showed that both the 55 kD wild-type LMP2A and Factor Xa released truncated LMP-2A were bound by antibodies from the animal immunized with MBP-truncated LMP-2A fusion protein (construct #1).
10 Sera from the immunized animal was diluted 1:100 and incubated with a nitrocellulose membrane which had SDS-PAGE separated proteins electrophoretically transferred to the membrane. The bound rabbit antibodies were detected using goat anti-rabbit alkaline phosphatase conjugated antibodies.
15 These results showed that rabbits immunized with the MBP truncated LMP-2A fusion protein generated antibodies that recognize LMP-2A.

Sera from immunized rabbits were also used in flow-cytometry experiments. Cell lines tested included EBV-transformed human B cells and murine L cells transiently transfected with a pCDNA-3 plasmid expressing the full-length LMP-2A cDNA under control of the CMV promoter. One microliter
20 of rabbit sera was incubated with 1×10^6 cells in 40 microliters PBS. Cells were washed with PBS supplemented with to 1% BSA twice and incubated with FITC labeled goat anti-rabbit IgG and washed twice again. Labeled cells were visualized using a FacScan flow cytometer.

25 Two separate flowcytometry experiments showed that the rabbits immunized with the MBP-truncated LMP-2A fusion protein generated antibodies that recognize cells expressing LMP-2A. Pre-immune sera did not bind to human B cells infected with EBV. However, sera from immunized rabbits did. In addition, antibodies from the immunized sera did not bind to
30 mouse L cells transfected with pCDNA3 vector alone. However, antibodies from the immunized sera did bind to mouse L cells transfected with the pCNDA3 vector containing the LMP-2A cDNA. These results showed that at least a population of the anti-LMP-2A antibodies recognized cells surface expressed LMP-2A.

5 Proteins were prepared from the known sequence of LMP-2A and were used to immunize rabbits. The results indicate that a variety of these antibodies bind extracellular portions of LMP-2A. Cells that express LMP-2A are bound by antibody to LMP-2A. Control cells do not express LMP-2A and are not bound by the antibodies to LMP-2A.

10 Epstein-Barr virus, as well as most of the other human herpesviruses, is limited to infection of only the human host. Non-primate animal species do not have the necessary complement receptor function to allow EBV infection. Also, other primates have their own variants of gamma herpes viruses. Since lower animals are not infected with EBV, they are not normally exposed to LMP-2A
15 and no antibodies are usually made.

Balb/c mice were immunized with the same LMP-2A construct outlined above (construct #1). Balb/c mice were also immunized with a 6-Histidine-tagged LMP-2A (construct #3). These mice have mounted a significant immune response to LMP-2A. Over 500 hybridomas were generated from mice
20 immunized with truncated LMP-2A and screened by ELISA for LMP-2A specificity. Three clones were identified that contained the desired specificity (bound LMP-2A fusion protein but not Maltose binding protein control).

This data is predictive of results with other latent proteins such as LMP-2B. LMP-2B differs from LMP-2A in the cytoplasmic portion of the molecule.
25 Consequently, a similar availability of the extracellular portions of these two molecules is predicted.